

REPORT OF CREDIT HOURS, COMPENSATORY TIME OR OVERTIME EARNED/USED OR LEAVE USED

	From:	To:	Daily Total(s):	
SUNDAY Date:				ABBREVIATIONS: Use appropriate abbreviation shown below in the Daily Total blocks. Leave requests must be approved in advance. Written approval must be obtained for leave requests of 8 hours or more in a workday. CPE: Comp Time Earned CRE: Credit Time Earned OT: Overtime Earned H: Holiday Worked AL: Annual Leave Used AD: Administrative Leave Used SL: Sick Leave Used LW: Leave Without Pay Used CPU: Comp Time Used CRU: Credit Time Used O: Other type of leave used (inform timekeeper of type of leave, i.e., leave under FMLA, family-friendly, etc.)
MONDAY Date:				
TUESDAY Date:				
WEDNESDAY Date:				
THURSDAY Date:				
FRIDAY Date:				
SATURDAY Date:				
SUNDAY Date:				The information requested on this form is collected under the authority of 5 U.S.C. 5525 et seq., 6301 et seq., 42 U.S.C. 201 et seq., and Public Law 90-83. The requested information is used to ensure that employees receive the proper pay and are credited and charged with the proper amount of leave/credit hours/compensatory time/overtime. Data are available to authorized administrative and HRMO personnel. Disclosures may also be made to recipients listed in Federal Register system notice 09-90-0017 "Pay, Leave and Attendance Records," (Vol 198, 47 FR 45759-45760). An accounting of such disclosures will be furnished to you upon request. Furnishing the information requested on this form is required in the event that you have earned/used any leave, credit hours, compensatory time, or overtime.
MONDAY Date:				
TUESDAY Date:				
WEDNESDAY Date:				
THURSDAY Date:				
FRIDAY Date:				
SATURDAY Date:				

EMPLOYEE'S NAME: _____ **EMPLOYEE'S SIGNATURE:** _____

APPROVING OFFICIAL'S SIGNATURE: _____

DATE: _____ **PAY PERIOD ENDING:** _____